

Exhibit 4

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VIA EMAIL

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**Re: In re: Insulin Pricing Litigation, No. 2:23-md-03080-BRM-RLS
States' Deficient DAO Disclosures**

Counsel:

Defendants write to follow up on the parties' January 22, 2025 meet and confer regarding the Court-ordered Department, Agencies, or Offices ("DAO") Information process. As we discussed during our call, below is an overview of nine categories of state agencies that are likely to "possess information and documents responsive" to each State's Plaintiff Fact Sheet ("PFS"). ECF 335. All of the States that have filed suit appear to have departments/agencies in each of the categories below, and thus were required to disclose such departments/agencies in their DAO submissions. ECF 335, 349.

To aid the parties' discussions, Defendants provide a high-level summary of the specific questions and document requests from the PFS relevant to these departments and agencies. Defendants also include a state-by-state list of the agencies and subdivisions that fall into these categories. Given that the States will be the most familiar with whether there are additional departments, agencies, or offices that fall into these categories for any particular state, Defendants request that the States independently identify those entities, as is required.

Categories of Missing Departments, Agencies, and Offices

1. **Department of Corrections ("DOCs"):** Most States directly fund and manage provision of healthcare to inmates, including direct purchases of the prescription drugs at issue in this MDL—as referenced in Plaintiffs' allegations in multiple of the States' complaints. *See, e.g.*, Miss. TAC ¶ 28 ("The State of Mississippi, as a payor for the at-issue drugs through

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its employee health plans and as a purchaser of the at-issue drugs at state-run facilities, has been overcharged millions of dollars a year.”); Ark. Compl. ¶ 28 (same). State DOCs may also have relevant contracts with providers. For example, Mississippi and Arizona’s initial disclosures identify documents in the possession of its DOC as relevant to this litigation. (See State AG PFS Questions: 9-13, 15-21, 43-46, 52-54 and Document Requests: 1-8.)

2. **Department of Health / Department of Human Services (“DHHSs”):** A state’s DHHS generally administers chronic disease prevention and treatment programs and implements prescription affordability initiatives, including for the medicines at issue in this MDL. Many DHHSs maintain statistics regarding their state’s rates of illnesses, create reports concerning insulin access and affordability, connect residents with state Medicaid services, and maintain resources for their residents that are directly relevant to Plaintiffs’ claims. (See State AG PFS Questions: 11-13, 20-22, 52-53 and Document Request: 8.)
3. **Boards of Pharmacy (“BOPs”):** BOPs regulate the pharmaceutical practice in each state, including for the medicines at issue in this MDL. BOPs may also regulate relevant entities, including insurers, PBMs, and the insurance plans provided by the State. (See State AG PFS Questions: 11-13, 32-34, 37-38, 50-51 and Document Request: 6.)
4. **Departments Managing State Health Plans:** Management of the State’s employee health plans is often within the duties of the State’s Department of Human Resources, Department of Finance and Administration, or Retirement Systems Department. The responsible agency provides and administers health insurance to State employees and their dependents, either during their employment or upon retirement. In some instances, these agencies may also contract directly with PBMs for prescription drug coverage. (See State AG PFS Questions: 9-13, 15-21, 23-26, 43-46, 48-53 and Document Requests: 1-8.)
5. **Department of Management and Budget:** Sometimes called the Department of Finance and Administration, this agency is responsible for managing the State’s budget and overseeing the State’s contracts and procurement processes. For example, individuals with procurement responsibilities were identified in multiple State initial disclosures as having discoverable information. The agency may also contract directly with PBMs. (See State AG PFS Questions: 11-13, 17-19, 23-26, 43-46, 48-53 and Document Requests: 1-8.)
6. **Medicaid Department:** State Medicaid agencies provide healthcare coverage to low-income or disabled citizens, including prescription drug benefits for the medicines at issue in this MDL. The agency may also oversee managed care plans and contract directly with PBMs. (See State AG PFS Questions: 9-13, 15-21, 23-31, 43-46, 48-53 and Document Requests: 1-8.)

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7. **Department Regulating Insurers or PBMs:** A State's Department of Insurance typically licenses insurers and PBMs and enforces compliance with State laws and regulations. These agencies may have issued reports concerning insulin pricing, and may have a subdivision responsible for receiving and investigating consumer complaints—including those related to their insurance plans or prescription drug pricing. (*See* State AG PFS Questions: 11-13, 32-34, 37-38, 50-51 and Document Request: 6.)
8. **Office of the State Auditor:** This office ensures proper use of public funds by auditing state agencies and operations to prevent fraud, waste, and abuse, including (potentially) review of the contracts entered into by the State's other agencies listed herein. State auditors may issue reports concerning PBMs and pharmaceutical pricing. (*See* State AG PFS Questions: 11-13, 15, 23, 32-34, 37-38, 46, 50-51, 53-54, 56 and Document Request: 6.)
9. **Retirement Systems Department:** This agency may provide health insurance for retired state employees, including prescription drug coverage, by administering benefits, ensuring eligibility, and overseeing plan options. (*See* State AG PFS Questions: 9-13, 15-21, 23-26, 43-46, 48-53 and Document Requests: 1-8.)

As discussed on our call, each State that has filed suit in this MDL needs to provide a DAO and PFS submission that includes—at a minimum—the categories of departments, agencies, and offices discussed in the list above.

State-By-State Breakdown of Missing Departments, Agencies, and Offices¹

For each State, please find below a list of agencies and subdivisions that fall into the above nine categories. The few agencies in red were included by the States in their DAO submissions. The agencies in blue are additional agencies and subdivisions that the States identified in their initial disclosures and/or PFS responses served to date, but—for some reason—did not include in their DAO submissions, which underscores the deficient nature of the States' DAO submissions.

1. Arizona

- (a) **Arizona Department of Corrections**
 - (i) **Rehabilitation and Reentry**
- (b) Arizona Department of Juvenile Corrections
- (c) **Arizona Department of Health Services**
- (d) Arizona Board of Pharmacy

¹ This list does not include California, which has not submitted its DAO submission.

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- (e) **Arizona Department of Administration**
 - (i) Benefit Services Division
 - (1) Arizona State Employee Health Insurance Program
- (f) **Arizona Health Care Cost Containment System**
 - (i) Medicaid
- (g) Arizona Auditor General
- (h) **Arizona State Retirement System**

2. **Arkansas**

- (a) Arkansas Department of Corrections
- (b) **Arkansas Department of Human Services**
 - (i) Medicaid
- (c) Arkansas Department of Health
 - (i) Office of Health Information Technology
 - (ii) **Arkansas Diabetes Prevention and Control Program**
 - (iii) **Arkansas Kidney Disease Commission**
 - (iv) **Arkansas Diabetes Advisory Council**
 - (v) **Arkansas Chronic Disease Coordinating Council**
 - (vi) **Arkansas Ryan White Part B/ADAP Program**
- (d) Arkansas Board of Pharmacy
- (e) **Arkansas Department of Transformation and Shared Services**
 - (i) **Employment Benefits Division**
 - (1) **State and Public School Employee Health Insurance Plan**
 - (ii) **Arkansas Office of State Procurement**
- (f) **Arkansas Department of Finance and Administration**
- (g) Arkansas Insurance Department
- (h) Arkansas Auditor of State
- (i) **University of Arkansas Medical Sciences**
 - (i) **Evidence-Based Prescription Drug Program (EBRx)**
- (j) **Bureau of Legislative Research**

3. **Illinois**

- (a) Illinois Department of Corrections
 - (i) Office of Health Services
- (b) **Illinois Department of Public Health**
 - (i) **Aids Drug Assistance Program**
 - (ii) **Diabetes Prevention and Control Program**
- (c) **Illinois Department of Human Services**

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- (i) Bureau of Pharmacy and Clinical Support Services
- (d) Illinois Board of Pharmacy
- (e) Illinois Department of Central Management Services
 - (i) Bureau of Benefits
 - (1) State of Illinois Group Insurance Program
 - (2) Procurement
 - (3) Benefits Management Division
- (f) Illinois Department of Healthcare & Family Services
 - (i) Medical Programs Division
 - (1) Medicaid
 - (ii) Office of Inspector General
 - (iii) Drugs and Therapeutics Advisory Board
- (g) Illinois Department of Insurance
- (h) Illinois Auditor General
- (i) Commission on Government Forecasting and Accountability
- (j) University of Illinois College of Pharmacy

4. **Indiana**

- (a) Indiana Department of Corrections
- (b) Indiana Department of Health
 - (i) Health and Human Services
- (c) Indiana Professional Licensing Agency
 - (i) Indiana Board of Pharmacy
- (d) Indiana State Personnel Department
 - (i) Benefits Division
 - (1) State of Indiana Employee Health Plan
- (e) Indiana Department of Administration
- (f) Indiana Family and Social Services Administration
 - (i) Office of Medicaid Policy and Planning
 - (1) Medicaid
- (g) Indiana Department of Insurance
- (h) Indiana State Comptroller
- (i) Indiana Public Retirement System
- (j) Indiana Department of Veterans Affairs
- (k) Indiana State Police

5. **Kansas**

- (a) Kansas Department of Corrections

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- (b) Kansas Department of Health and Environment
 - (i) Comprehensive Health Insurance Plan (Medicaid)
 - (ii) Division of Public Health
 - (1) Kansas State Diabetes Prevention & Management Program
- (c) Kansas Board of Pharmacy
- (d) Kansas Department of Administration
 - (i) Health Care and Benefits Division
 - (1) State Employee Health Plan
- (e) Kansas Legislative Division of Post Audit
 - (i) Office of Procurement & Contracts
 - (ii) Kansas State Employees Health Care Commission
- (f) Kansas Insurance Department
- (g) Legislative Division of Post Audit

6. **Kentucky**

- (a) Kentucky Department of Corrections
 - (i) Health Services
 - (ii) Administrative Services
 - (1) Fiscal Management Branch
 - (2) Procurement Branch
- (b) Kentucky Cabinet for Health and Family Services
 - (i) Office of the Secretary
 - (1) Office of Finance and Budget
 - (ii) Department of Medicaid Services
 - (1) Medicaid
 - (iii) Department for Public Health
 - (1) Kentucky Prescription Assistance Program
- (c) Kentucky Board of Pharmacy
- (d) Kentucky Personnel Cabinet
 - (i) Department of Employee Insurance
 - (1) Kentucky Employees' Health Plan
- (e) Kentucky Cabinet of Finance and Administration
 - (i) Office of the Controller
 - (1) Office of Procurement Services
 - (ii) Office of the Administrative Services
 - (1) Division of Budget and Fiscal Management
- (f) Kentucky Public Protection Cabinet
 - (i) Department of Insurance
- (g) Kentucky Auditor of Public Accounts

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(h) Kentucky Teachers' Retirement System

7. **Louisiana**

- (a) Louisiana Department of Public Safety and Corrections
 - (i) Division of Prison Operations
 - (ii) Division of Administrative Services
 - (iii) Division of Executive Community Services
- (b) **Louisiana Department of Health**
 - (i) Bureau of Health Services Financing
 - (1) Medicaid
 - (ii) Office of Public Health
 - (c) Louisiana Board of Pharmacy
 - (d) Louisiana Division of Administration
 - (i) **Office of Group Benefits**
 - (1) Office of Group Benefits Health Insurance Program
 - (ii) Office of State Procurement
 - (e) Louisiana Department of Insurance
 - (f) Louisiana Legislative Auditor
 - (g) Louisiana State Employees' Retirement System
 - (h) Teachers' Retirement System of Louisiana

8. **Mississippi**

- (a) **Mississippi Department of Corrections**
 - (i) Division of Administrative Services
 - (ii) Division of Medical Services
- (b) **Mississippi Department of Health**
 - (i) Office of Preventive Health
 - (ii) Office of Health Services
 - (iii) **Diabetes Prevention and Control Program**
 - (iv) **AIDS Drug Assistance Program**
- (c) Mississippi Department of Human Services
 - (i) Division of Aging and Adult Services
- (d) Mississippi Board of Pharmacy
- (e) **Mississippi Department of Finance and Administration**
 - (i) **Mississippi State and School Employees' Life and Health Insurance Plan**
 - (ii) Office of Procurement and Contracts
 - (iii) **Office of Insurance**
 - (1) Benefits and Participant Services
 - (iv) **Mississippi State School and Employee Insurance Management Board**

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- (1) Mississippi State and School Employees Insurance Advisory Council
- (f) **Mississippi Division of Medicaid**
 - (i) **Medicaid**
- (g) Mississippi Department of Insurance
- (h) Mississippi Office of the State Auditor
- (i) Mississippi Public Employees' Retirement System of Mississippi
- (j) University of Mississippi Medical Center

9. Montana

- (a) Montana Department of Corrections
 - (i) Health Services Division
- (b) **Montana Department of Public Health and Human Services**
 - (i) Public Health and Safety Division
 - (ii) Health Resources Division
 - (1) **Medicaid**
- (c) Montana Department of Labor and Industry
 - (i) Montana Board of Pharmacy
- (d) **Montana Department of Administration**
 - (i) **Health Care and Benefits Division**
 - (1) **State of Montana Benefit Plan**
- (e) Montana State Auditor Office (Office of the Commissioner of Securities and Insurance)
- (f) Montana Public Employee Retirement Administration
- (g) Montana Teachers' Retirement System

10. Oklahoma

- (a) Oklahoma Department of Corrections
- (b) Oklahoma Office of Juvenile Affairs
 - (i) Oklahoma Juvenile Detention Centers
- (c) **Oklahoma State Department of Health**
- (d) Oklahoma Human Services
- (e) Oklahoma Board of Pharmacy
- (f) Oklahoma Office of Management & Enterprise Services
 - (i) **Employees Group Insurance Division**
 - (1) HealthChoice Plan
 - (ii) **Oklahoma Insurance Benefits Board**
- (g) **Oklahoma Health Care Authority**
 - (i) **Medicaid (known as SoonerCare)**
 - (ii) **Diabetes Self-Management Education and Support Program**
- (h) Oklahoma Insurance Department

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- (i) Oklahoma Office of the State Auditor and Inspector
- (j) Oklahoma Public Employees Retirement System
- (k) [Oklahoma Legislative Diabetes Caucus](#)

11. Texas

- (a) Texas Department of Criminal Justice
 - (i) Correctional Managed Health Care Committee
- (b) Texas Juvenile Justice Department
- (c) [Texas Health and Human Services Commission](#)
 - (i) [Comprehensive Health Insurance Plan \(CHIP\) \(Medicaid\)](#)
 - (ii) [Office of Inspector General](#)
- (d) Texas State Board of Pharmacy
- (e) Texas Department of Insurance
- (f) Texas State Auditor's Office
- (g) Texas Comptroller of Public Accounts
- (h) [Teacher Retirement System of Texas](#)
- (i) [Texas Employee Retirement System](#)
 - (i) HealthSelect of Texas
- (j) Texas Emergency Services Retirement System
- (k) University of Texas Medical Branch

12. Utah

- (a) [Utah Department of Health and Human Services](#)
 - (i) Division of Integrated Health
 - (1) [Medicaid](#)
 - (ii) Division of Correctional Health Services
 - (iii) [Office of Internal Audit](#)
 - (iv) [Office of Procurement and Contract Management](#)
- (b) Utah Board of Pharmacy
- (c) Utah Retirement Systems
 - (i) [Public Employees Health Program](#)
 - (1) [Insulin Discount Program](#)
- (d) Utah Department of Government Operations
 - (i) Division of Purchasing and General Services
 - (ii) Division of Human resources Management
- (e) [Utah Department of Insurance](#)
- (f) Utah Office of the State Auditor
- (g) [Office of the Legislative Auditor General](#)

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As a gating issue, the Parties must determine the identity of all the State agencies with relevant information and documents so that discovery can move forward. Please respond within **seven (7) days** with each State's position on which of the above entities they agree would likely have responsive information and documents.

Respectfully submitted,

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